

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/554638

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24	1							74					
25		1						75					
26		1						76					
27		1						77					
28		1						78					
29		1						79					
30		1						80					
31		1						81					
32		1						82					
33	1							83					
34		1						84					
35		2						85					
36	1							86					
37		1						87					
38		1						88					
39		1						89					
40								90					
41		1						91					
42		1						92					
43	1							93					
44		1						94					
45		2						95					
46		2						96					
47		2						97					
48								98					
49								99					
50								100					
TOTAL IND.	7												
TOTAL DEP.	23												
TOTAL CLAIMS	30												